



# BID SOLICITATION

Page 1 of 2  
Printed: 4/29/2004

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
CAPITOL HILL  
PROVIDENCE RI 02908

**BID NUMBER: B03738**

**TITLE: VACCINE (RABIES)**

**BID OPENING DATE AND TIME:**

**05/19/2004 10:15 AM**

BUYER: ALMA MILLER  
PHONE #: (401) 222 - 2142 ext. 124  
BLANKET PERIOD: 7/1/04 - 6/30/05

**B  
I  
L  
L  
T  
O**  
HEALTH  
DOH DISEASE PREVENTION  
THREE CAPITOL HILL, ROOM 403  
SMITH ST  
PROVIDENCE RI 02908

**S  
H  
I  
P  
T  
O**  
HEALTH  
DOH DISEASE PREVENTION  
THREE CAPITOL HILL, ROOM 403  
SMITH ST  
PROVIDENCE RI 02908

Requisition Number(s): R75H045185

| Item | Class-Item   | Quantity | Unit | Unit Price | Total |
|------|--|----------|------|------------|-------|
|      | <p>BLANKET REQUIREMENTS: 7/1/04 - 6/30/05</p> <p>BIDDING</p> <p>(a) A single price shall be quoted for each item against which a proposal is submitted. This price will be the maximum in effect during the agreement period. Any price decline at the manufacturer's level shall be reflected in a reduction of the agreement price to the State.</p> <p>(b) Quantities, if any, are estimated only. The agreement shall cover the actual quantities ordering during the period. Deliveries will be billed at the single, firm, awarded unit price quoted regardless of the quantities ordered.</p> <p>(c) Bid price is net F.O.B. destination and shall include inside delivery at no extra cost.</p> <p>(d) Bids for single items and/or a small percentage of total items listed, may, at the State's sole option, be rejected as being non-responsive to the intent of this request.</p> <p>ORDERING</p> <p>(a) The User Agency(s) will submit individual orders for the various items and various quantities as may be required during the agreement period.</p> <p>(b) Exception - Regardless of any agreement resulting from this bid, the State reserves the right to solicit prices separately for any extra large requirements for delivery to specific destinations.</p> |          |      |            |       |

It is the Vendor's responsibility to check and download any and all addenda from the RIVIP. This offer may not be considered unless a signed RIVIP generated Bidder Certification Cover Form is attached and the Unit Price column is completed. The signed Certification Cover Form must be attached to the front of the offer. When delivering offers in person to One Capitol Hill, vendors are advised to allow at least one hour additional time for clearance through security checkpoints.

DELIVERY: \_\_\_\_\_

RIVIP VENDOR ID#: \_\_\_\_\_

TERMS OF PAYMENT: \_\_\_\_\_

**DO NOT SIGN BID ON THIS PAGE!  
USE CERTIFICATION COVER FORM.**



# BID SOLICITATION

Page 2 of 2  
Printed: 4/29/2004

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
CAPITOL HILL  
PROVIDENCE RI 02908

**BID NUMBER: B03738**

**TITLE: VACCINE (RABIES)**

**BID OPENING DATE AND TIME:**

**05/19/2004 10:15 AM**

BUYER: ALMA MILLER  
PHONE #: (401) 222 - 2142 ext. 124  
BLANKET PERIOD: 7/1/04 - 6/30/05

**B  
I  
L  
L  
T  
O**  
HEALTH  
DOH DISEASE PREVENTION  
THREE CAPITOL HILL, ROOM 403  
SMITH ST  
PROVIDENCE RI 02908

**S  
H  
I  
P  
T  
O**  
HEALTH  
DOH DISEASE PREVENTION  
THREE CAPITOL HILL, ROOM 403  
SMITH ST  
PROVIDENCE RI 02908

Requisition Number(s): R75H045185

| Item | Class-Item   | Quantity | Unit | Unit Price    | Total |
|------|--|----------|------|---------------|-------|
| 1.0  | 269-80<br>IMOGAM RABIES - HT<br>RABIES IMMUNE GLOBULIN (RIG)<br>2 ML / VIAL (300 I.U./VIAL)<br>NDC 49281-190-20                                | 1500.00  | VIAL |               |       |
| 2.0  | 269-80<br>IMOGAM RABIES - HT<br>RABIES IMMUNE GLOBULIN (RIG)<br>10 ML / VIAL (1500 I.U./VIAL)<br>NDC 49281-190-10<br>WILL BE ORDERED AS NEEDED | 20.00    | VIAL |               |       |
|      | DELIVERY OF GOODS OR SERVICES AS REQUESTED BY<br>AGENCY.   |          |      |               |       |
|      |  |          |      | <b>TOTAL:</b> |       |

It is the Vendor's responsibility to check and download any and all addenda from the RIVIP. This offer may not be considered unless a signed RIVIP generated Bidder Certification Cover Form is attached and the Unit Price column is completed. The signed Certification Cover Form must be attached to the front of the offer. When delivering offers in person to One Capitol Hill, vendors are advised to allow at least one hour additional time for clearance through security checkpoints.

DELIVERY: \_\_\_\_\_

RIVIP VENDOR ID#: \_\_\_\_\_

TERMS OF PAYMENT: \_\_\_\_\_

**DO NOT SIGN BID ON THIS PAGE!  
USE CERTIFICATION COVER FORM.**